

THE COMMITTEE TO ELECT TADD SIGLOW

FILED

05 FEB 18 PM 3:00

AMENDDED RETURN

CLERK OF COURT
HAGGARD COUNTY CLERK
MT. CLEMENS, MICHIGAN



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

FEB 18 PM 7:00

CANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 1 1 04 to 12 31 04
Mo Day Year Mo Day Year

1. Committee I.D. Number 137316
2. Committee Name
The Committee to elect Todd Siglow

4. Candidate Last Name Siglow First Name Todd M.I. D
4a. Office Sought Including District # or Community Served (If applicable)
Borero Village President
4b. County of Residence
Macomb

5. Committee's Mailing Address
449 New Castle
Borero, MI 48065
Area Code and Phone 586-752-6455

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address Chris Zank
1615 W. B's Beaver Ste A-2
Troy, MI 48064
Area Code & Phone (313) 614-0134

7. Treasurer's Business Address
1615 W B's Beaver A-2
Troy, MI 48064
Area Code and Phone (313) 614-0134

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
Chris Zank
1615 W B's Beaver A-2
Troy, MI 48064
Area Code and Phone (313) 614-0134

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary ☐ General
☐ Convention ☐ School
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

Month Day Year

9c. ☒ Annual Statement (2004 Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper Chris Zank Signature Date 2 16 2005
Candidate Todd Siglow Signature Date 2 17 2005
Type or Print Name Signature Mo Day Year



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number 137316
2. Committee Name THE COMMITTEE TO ELECT TAD SLOW

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>2,600.-</u>	(18.) \$ <u>2,600.-</u>
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	(19.) \$ <u>-</u>
c. Subtotal of "Contributions"	(3c.) \$	<u>2,600.-</u>	(20.) \$ <u>2,600.-</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>-</u>	
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>2,600.-</u>	
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>-</u>	(21.) \$ <u>-</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>-</u>	(22.) \$ <u>-</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>2,600.-</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>-</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>-</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>2,600.-</u>	(23.) \$ <u>2,600.-</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>-</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>-</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>-</u>	(24.) \$ <u>-</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>-</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>-</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>2,600.-</u>	
	(15.) = \$	<u>2,600.-</u>	
15. SUBTOTAL Add lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>2,600.-</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>0</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.
All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137316

2. Committee Name

112 Committee to elect Todd Siglow

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.

3. Contribution # 1

PAC Receipt? ☐ YES

4. Date of Receipt 2-20-04

Name: Todd Siglow

Address: 449 New Castle Ave MI 48065

5. If over \$100.00 cumulative, please provide:

Occupation Crane Operator Employer

Business Address

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

500,-

3. Contribution #2

PAC Receipt? ☐ YES

4. Date of Receipt

Name:

Address:

5. If over \$100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3

PAC Receipt? ☐ YES

4. Date of Receipt

Name:

Address:

5. If over \$100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4

PAC Receipt? ☐ YES

4. Date of Receipt

Name:

Address:

5. If over \$100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

500,-

Enter this total on
line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137316

2. Committee Name The Committee to Elect Todd St.

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES

4. Date of Receipt 1-15-04

Name: ASHLEY TAYLOR

Address: 51363 Central Village Drive # 35-204 NW Balfour, MI 48047

5. If over \$100.00 cumulative, please provide:

Occupation Administrative Assistant Employer Callisaw Water

Business Address 388 S. Main Romeo, MI 48065

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

500.-

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt

Name:

Address:

5. If over \$100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt

Name:

Address:

5. If over \$100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt

Name:

Address:

5. If over \$100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal
Grand Total of All Schedules 1A
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500.-

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line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137316

2. Committee Name The Committee to elect Todd Siskow

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-15-04</u> Name: <u>Scott Chapman</u> Address: <u>7260 34 mile Rd Ann Arbor MI 48105</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Carpenter</u> Employer <u>H & C Construction</u> Business Address <u>7483 Zola drive Almont MI 48003</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		500.-	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-21-04</u> Name: <u>Angela Holland</u> Address: <u>2849 Gravel Ridge Rochester MI 48307</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Nail tech</u> Employer <u>Self</u> Business Address <u>2849 Gravel Ridge Rochester MI 48307</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		500.-	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-27-04</u> Name: <u>Bon Schapman</u> Address: <u>6311 Tubsprings Almont MI 48003</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Farmer</u> Employer <u>Schapman Farms</u> Business Address <u>6284 Tubsprings Almont MI 48003</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		500.-	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-29-04</u> Name: <u>Ray Shafter</u> Address: <u>4040 Taft Rd Ann Arbor MI 48105</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Builder</u> Employer <u>Ray Shafter Bldg.</u> Business Address <u>130 Shafter Dr. Ann Arbor MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100.-	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		1,600.-	
		2,600.-	

Enter this total on
line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name _____

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		
<p>Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)</p>		

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line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1
CANDIDATE COMMITTEE

1. Committee I.D. Number 137316

2. Committee Name 11th Committee to elect Todd Siskow

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #2 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #3 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #4 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #5 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #6 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #7 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	

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line 4 of Summary
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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I. D. Number 13736
2. Committee Name The Committee to Elect Ford Sison

3. Name and Address from whom received <small>If contribution is from an individual, enter last name, first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.</small>	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: _____ _____		
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: _____ _____		
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: _____ _____		

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Grand Total of all Schedules 1-IK
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Enter this total
on line 6 of
Summary
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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137316

2. Committee Name THE COMMITTEE TO elect Todd Siskow

3. Name and address of person or vendor to whom paid

4. Purpose (Describe specific purpose and you may assign an Expenditure Code)

5. Date

6. Amount

Expenditure #1

Name Romero OBSERVER

Address 124 W. St. Court

P.O. Box 96

Romero, MI 48065

☐ Fund Raiser

Purpose: Advertising

Expenditure Code IC

☐ Check box if this expenditure is payment of debt or obligation reported on previous statement

1-16-04

939.93

Expenditure #2

Name WASHINGTON TOWNSHIP

Address 57900 Von Dyke

P.O. Box 94067

WASHINGTON, MI 48094

☐ Fund Raiser

Purpose: Voter list

Expenditure Code CN

☐ Check box if this expenditure is payment of debt or obligation reported on previous statement

1-27-04

76.-

Expenditure #3

Name Blyre Township

Address 223 E. Cates

P.O. Box 98

Romero, MI 48065

☐ Fund Raiser

Purpose: Voter list

Expenditure Code CN

☐ Check box if this expenditure is payment of debt or obligation reported on previous statement

1-27-04

25.50

Expenditure #4

Name Village of Romeo

Address 121 W. St. Court

Romero, MI 48065

☐ Fund Raiser

Purpose: Voter list

Expenditure Code CN

☐ Check box if this expenditure is payment of debt or obligation reported on previous statement

1-27-04

25.00

Expenditure #5

Name

Address

☐ Fund Raiser

Purpose: _____

Expenditure Code _____

☐ Check box if this expenditure is payment of debt or obligation reported on previous statement

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

1,016.43

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Page _____ of _____

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137316

2. Committee Name 1AP COMMITTEE TO PLACE 1+dd S:9/10W

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Village of Romeo</u> Address <u>121 W St. Detroit, MI 48005</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Voter List</u> Expenditure Code <u>C.N.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2-12-04</u>	<u>25.-</u>
Expenditure #2 Name <u>U.S. Post Office</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2-10-04</u>	<u>53.32</u>
Expenditure #3 Name <u>R. MATT</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>ENVELOPES</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2-10-04</u>	<u>26.39</u>
Expenditure #4 Name <u>Macomb County</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>CAR FILING FEE</u> Expenditure Code <u>LF</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2-20-04</u>	<u>325.-</u>
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

429.71

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number _____

2. Committee Name _____

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Edwards PJO OTOWN</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>TRNS</u> Expenditure Code <u>SA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/1/04</u>	<u>508.61</u>
Expenditure #2 Name <u>JENNIFER CHAPMAN</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>OFFICE SUPPLIES</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/1/04</u>	<u>71.67</u>
Expenditure #3 Name <u>RUNEO OBSERVAT</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/1/04</u>	<u>288.64</u>
Expenditure #4 Name <u>CHRIS ZONKO</u> Address <u>1615 W. BAY BRIDGE A-2</u> <u>TROY MI 48064</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ACCOUNTING</u> Expenditure Code <u>EL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/6/04</u>	<u>261.85</u>
Expenditure #5 Name <u>ROBUSTIC BANK</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>BANK CHARGES</u> Expenditure Code <u>BP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/3/04</u>	<u>23.09</u>

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

1,153.86

2,600.-

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES